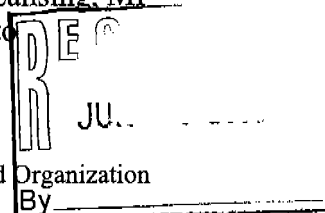
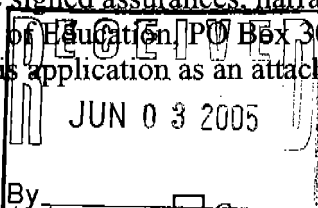


Original

MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.



CHECK THE APPROPRIATE BOX:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For Profit Company | <input type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity Cambridge Educational Services

Name of Director Jeff Noblitt

Address 2720 River Road City Des Plaines State IL Zip 60018

Phone 800-444-4373 Fax 847-299-2933 Email Noblitt@CambridgeEd.com

Proposed Location of Services (if different from above):

Address _____ City _____ State _____ Zip _____

If different from Director:

Name of Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☒ No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: We are working to secure district authorization to provide on-site SES programs.

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:

We plan to provide services at the school sites. This eliminates the need for students to find reliable private and/or public transportation. As such, no transportation is provided.

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes ☒ No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Reading/English Language Arts and Mathematics

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K-12

3. Time of Services – Indicate when you deliver services to students:

☒ Before School ☒ After School ☐ Weekends ☒ Summer ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring ☒ Small Group Instruction ☒ Large Group Instruction
☐ Online Web-Based ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1-2 hours per session Number of Sessions per Week 1-3 sessions/week

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☒ Other College Professors,
Graduate Students or other experienced teachers

7. Special Populations Served – Indicate special populations you are able to serve:

☒ Special Education ☒ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

☒ \$ 35 per hour (or District Allotment) per student.

☒ \$ 1400 (flat fee) for 40 hrs of instruction (or District Allotment) per student.